

**QUARTERLY AND FINAL REPORT REQUIREMENTS FOR GRANT RECIPIENTS**  
**Return to: State of Nevada Commission on Construction Education**  
**9670 Gateway Drive, Suite 100**  
**Reno, NV 89521**

*The following report can be completed in Excel, printed, and submitted to the Nevada Commission on Construction Education. The form can also be printed and filled out by hand. The budget/expenditure summary on page 2 includes formulas that automatically calculate all subtotals and grand totals.*

1. Grantee Name \_\_\_\_\_

2. Reporting Period \_\_\_\_\_

3. Grant Award Date \_\_\_\_\_ Grant Award Amount \_\_\_\_\_ **A**

4. Please give a brief description of your Construction Education Program. Include responses to any specific measurement requirements as identified in your grant award letter. Give dates and names relating to your program formation and continuous development.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Grant award expended in the current reporting period  
(must equal **Grand Total - All Costs** from page 2) \_\_\_\_\_ **B**

6. Cumulative grant award expended in all prior periods \_\_\_\_\_ **C**

7. Unexpended grant award \_\_\_\_\_ **A-B-C**

8. Please fill out the budget/expenditure summary on the next page accordingly. For all expenses, attach the following: *(note that there are different requirements for expenses relating to employees/contract employment)*

- ( a ) **For Purchased Items** - An invoice from the vendor listing all items purchased with individual item costs. Each invoice **must** be dated and **must** include the date it was paid.
- ( b ) **For Purchased Services** - An invoice from the vendor/service which **must** list a detailed description of the services provided and the date(s) the services were provided. The invoice **must** include the date it was paid.
- ( c ) **For Purchased Equipment** - An invoice from the vendor listing the equipment purchased. The invoice **must** include the serial number(s) of the equipment purchased and **must** include the date it was paid.
- ( d ) **For Employees/Contract Labor** - Create a summary that includes **all** of the following:
  - ( 1 ) Name(s) of person(s) providing the labor, dates and hours spent each week that apply to the grant, and the hourly rate (including benefits) for those person(s). Calculate the total weekly cost for each week.
  - ( 2 ) A detailed description of how the above-referenced time was spent and how that effort applied to the grant **must** be included.

DESCRIPTION	INSTRUCTION	SUPPORT SERVICES	TOTAL
<i>Direct Costs</i>			
Salaries & Benefits			\$ -
Purchased Professional Services			-
Purchased Property Services			-
Other Staff Travel			-
Other **			-
Other Purchased Services **			-
General Supplies			-
Books & Periodicals			-
Audio Visual Materials			-
Instructional Kits			-
Software			-
Dues & Fees			-
Equipment			-
<b>Subtotal - Direct Costs</b>	-	-	-
<i>Indirect Costs</i>			
Indirect Costs **			-
<b>Grant Total - All Costs</b>	\$ -	\$ -	\$ -

\*\* Please provide detail as to the specific expenses incurred.

9. Please include a class schedule showing the dates and names of classes or events held. This schedule **must** include the names of students in attendance.

**Signature of Fiscal Manager/Authorized Representative**  
**or Authorized Representative** \_\_\_\_\_

**Date** \_\_\_\_\_